



Supplemental Application Data Sheet

**Application Information**

Application Type:: Regular  
Subject Matter:: Utility  
Suggested Classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD disks::  
Number of Copies of CDs::  
Sequence Submission?:: None  
Computer Readable Form (CRF):: No  
Number of copies of CRF:: 0  
Title:: DELIVERY SYSTEM FOR TREATED  
WATER, SHOWERHEAD AND SUPPLY  
PIPE FOR SAID SYSTEM  
Attorney Docket Number:: 2512-1109 2560-1001  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure::  
Total Drawing Sheets:: 3  
Small Entity?:: No  
Latin Name::  
Variety Denomination Name::  
Petition Included?:: No  
Petition Type::  
Licensed US Gov't Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent Appl.?:: No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: ITALY  
Status:: Full Capacity  
Given Name:: FABRIZIO  
Middle Name::  
Family Name:: NOBILI  
Name Suffix::  
City of Residence:: SAN VITTORE  
State or Province of Residence::  
Country of Residence:: SWITZERLAND  
Street of Mailing Address:: ZONA INDUSTRIALE  
Address::  
City of Mailing Address:: SAN VITTORE  
State or Province of Mailing Address::  
Country of Mailing Address:: SWITZERLAND  
Postal or Zip Code of Mailing Address:: CH-6534

**Correspondence Information**

Correspondence Customer Number:: 000466  
Number::

**Representative Information**

Representative Customer Number::	000466
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**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
EUROPE	04425045.4	1/26/04	Yes

**Assignment Information**

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::